



AG INVEST: ANNUAL AGRICULTURE LINK DEPOSIT LOAN PROGRAM ACKNOWLEDGEMENT FORM

The Honorable Michael W. Frerichs
Illinois State Treasurer
Attn. Time Deposit Section
400 West Monroe Street, Suite 305
Springfield, IL 62704
Phone: 217/782-2072 Fax: 217/522-1217

In furtherance of the purposes of the Ag Invest: Annual: Agriculture Linked Deposit Loan Program, the Office of the State Treasurer agrees with the financial institution named below to enter into the financial transaction described hereunder:

Transaction Amount: \$ _____
1 yr Ag Deposit Rate: _____ %
Borrower Loan Rate: _____ %

Loan rate to the Borrower cannot exceed the Deposit Rate by more than 350 basis points

Deposit Date (Date of ACH/WT): _____
Maturity Date: _____

The Borrower acknowledges receipt of the loan in the amount, at the 1 year Ag interest rate and for the term identified above. The Borrower certifies that the loan shall be used for eligible program purposes in accordance with the related Deposit Application Form. The borrower has the ability to utilize these funds as a line of credit. The Borrower certifies that he/she has no approval authority over lending transactions at the financial institution. In addition, Borrower's are allowed one loan per single borrower not to exceed \$300,000 or \$600,000 for farm operations under the State Treasurer's Linked Deposit Annual Agriculture Loan Program through Farm Credit Services or any other financial institutions during the current fiscal year.

BORROWER INFORMATION:

Borrower's Name: _____
Address: _____
City, State, Zip: _____
County: _____
Last 4 SSN: _____ Phone Number: (____) ____ - _____
Email address: _____
Signature: _____ **Date:** _____

The financial institution certifies that the funds provided under this agreement shall be used for the eligible program purposes described in the related Deposit Application Form. The financial institution further agrees to comply with all legal requirements related to the deposit of State monies and with all policies and procedures implementing the Annual Agriculture Linked Loan Program. The financial institution shall submit this Acknowledgement Form to the Office of the State Treasurer **10 calendar days** from the deposit date as evidence that the funds are being used for an eligible program purpose. Upon written request by the financial institution, the (10) calendar day lending period may be extended for a period not to exceed (30) calendar days from the date of deposit. The financial institution certifies that all statements and representations made herein and in the related documents are true and correct to the best of its knowledge and belief. Fax copies are acceptable.

FINANCIAL INSTITUTION INFORMATION:

Name of Financial Institution: _____
Loan Officer: _____
Title: _____

Signature: _____ **Date:** _____

Revised rh Oct 2012

SUBSCRIBED and SWORN to before me

(Notary signature date should match that of the borrower and lender signature date)

this ____ day of ____, _____

(Notary Public Signature)

Notary Seal

PRINT

RESET